

## Sue Archbold: Influencing the decision makers..

- Sue is Coordinator of CIICA, originally teacher of the deaf and coordinator of the first pediatric CI programme in UK.
- She has published widely on real-life outcomes from CI for both adults and children
- With Brian Lamb, she has produced reports and resources used globally to influence public health decisions on Cl
- "restricted accessibility (of CI) to countries other than those in high-income groups- with considerable variation even within these." (WRH, 179)

Priorities wherever you are, whether children or adults We see diversity of provision including in high-income countries but some shared priorities:

- Increased awareness and equity of access
- Joined up quality services
- Provision of bilaterals
- Long term services- what is needed for life-long support?
  - Rehabilitation and programming
  - Personal support and information
  - Managing the technology, including upgrades, and failures

## This means commitment to funding for implantation AND lifelong services

See <u>www.bcig.org.uk</u> for examples of increasing numbers to be maintained... and financed...



Who makes the finance decisions in your country/ region?

- We need to know who they are and get to them
- Advocacy and user groups can do that
- There are many examples online here of people who DO know!
- Accessing governments and politicians..... Using Spend2Save in Sweden, Italy, Spain, Belgium, Germany for example; approaches to governments in USA and Australia
- Eddie Muukaya and his group: the Ugandan government waived taxes on hearing technologies....





Challenges wherever you are about Cl even in highincome countries

- Little understanding of the impact of deafness and hearing loss and CI
- Challenges of funding: even more challenges after the pandemic and other priorities for funding
- The published evidence is not easy to understand for decision makers
  I have no idea what she is talking about.....
- Not enough real-life evidence of benefit or of what works
- The long term need for services is not understood or funded
- The perception that CI is expensive and even more expensive if you look at long term provision ......
- Therefore We need to make our message clear that CI is both cost-effective and changes lives

## Tools for change...

World Report on Hearing, WHO

Spend2save documents

Dementia document

Our summaries of the evidence

Global standards of care

Hearing Care, cognitive decline and dementia: or an opportunity for healthy ageing?

BRIEFING PAPER





ADULT CI ADVOCACY: BRIEFING

Implications of the World Report on Hearing, 2021

Cochlear Implant Is one of the most successful of all neural prosthese developed to date (WRH, page 100)



**CHILDREN'S COCHLEAR IMPLANT ADVOCACY:** Implications of the World

Report on Hearing, 2021

CHILD CI ADVOCACY: BRIEFING





(A) Mark South

WORLD REPORT **ON HEARING** 



**GLOBAL GUIDELINES ON STANDARDS OF CARE** FOR ADULT COCHLEAR IMPLANTATION In every country access to cochlear implantation (C) for adults with severe or profour hearing loss is low. Globally, it is estimated that only one in twenty who could benefit from cochlear implants have one. Most other health treatments have internationally accepted standards of care that inform patients and health care practitioners about when specialist referrals and treatment options should be considered This is a gap in the field of adult cochlear implantation that is addressed by a ne blication titled "International Consensus Paper on Adult Cochlear Implantatio Consensus Statemen

EURO-CIU BRIEFING

epresent the irst step toward the development of international guidelines on best ractices for cochlea plantation in adults



SUMMARY Spend2Save: Investing in hearing technology improves lives and saves society money

Unor a structure surge. Globally, the resolution of the works i water sofe, way 2017 called for countries to integrate strategi-ire into health care systems and for greater access to menunication technologies. Communication defines i communication technologies. Communication defines i communication technologies. ing Europe, Globally, the read ries our ability to function in the world: to relate to family nds and partners, have a job, lead productive lives and mainta ur health and wellbeing through social connections a loss robs us of the ability to communicate and the very facet of life. Yet its impact often goes unnot

52 million people across Europe have hearing loss and this numb is growing (EFHOH 2016, 2018, AEA 2017, EHIMA 2017 Hearing Loss is the number one cause of Years Lost to Disabilit

those over 70 in Western Europe (Devis 2016) Those with severe begring loss are at five times the risk of

ementia as those with no Mid-life hearing loss may account for up to 9.1% of preventable vorld-wide and is potentially a modifiable risk fac dementia c

In older age people with hearing loss are at greater risk of social isolation and reduced mental well-being (Snwa 2006; Snwa, 2018

Pichora-Fuller et al. 2016 Older people with hearing loss are two and half times more likely to

experience depression than those without hearing loss (National 2013) a are also at increased risk of major depression (Amive et al. 2016 David 201 Social isolation has an effect on health (Cores 1995) and in olde

people there is a strong correlation between hearing loss and cognitive decline (Ln 2018), mental illness and dementia (Ln 2011,2012) and premature death (Provig 2014, Control 2016)

li Minoston et el 2018



**Sharing your** stories on the website: News Headlines Our stories Advocacy News Events **Current** Issues



NEW: CIICA Conversations The first led by Anita Grover , CI user and CEO of AVUK

First Topic: The impact of the Pandemic on CI Services

Numbers strictly limited: Wed 20 October

More to come.... A chance to talk and share for one hour on specific topics



## A new resource coming with key messages from CIICA for you to use in your media work and press releases for our common goal.....



Hearing loss has greater impact than realized on individuals and society and its growing

We have the technologies to help: including CI

We have the evidence of benefit, including cost effectiveness

The earlier the better: Screening evidence from WHO

Never too old to benefit Two ears are better than one Rehabilitation and lifelong services, including upgrades, are vital and must be funded CI must be integrated into plans for ear and hearing care across the life-course We have a responsibility to develop quality services and get them funded

